

Revised July 17, 2013

WV 00 **RECEIVED**

SEP 10 2014

WATER QUALITY DIVISION WYOMING

WYPDES Application for Sewage Treatment Facilities
Page 1

D. COMPANY, CONTACT NAME, MAILING ADDRESS, E-MAIL ADDRESS, AND TELEPHONE NUMBER of the individual or company which owns the facility (permittee), and the person (consultant) responsible for permit submission.

Company Contact Name <i>Shang Clendenen</i>	Consultant Contact Name
Company Name <i>Town of Frannie</i>	Company Name
Mailing Address <i>PO Box 72</i>	Mailing Address
City, State, and Zip Code <i>Frannie, WY 82423</i>	City, State, and Zip Code
Telephone Number <i>(307) 664-2323</i>	Telephone Number
E-Mail Address <i>frannietaown@tctwest.net</i>	E-Mail Address
Preference for contact:	Preference for contact:

Status of applicant: ☐ Federal ☒ State ☐ Private ☐ Public ☐ Other _____

Status of applicant: ☐ Owner ☐ Operator ☒ Both

E. FACILITY INFORMATION

Name of the facility (this is the facility name that will appear on the WYPDES permit) <i>Town of Frannie</i>			
Address <i>325 Cedar St.</i>		County <i>Big Horn</i>	
City, State, and Zip Code <i>Frannie, WY 82423</i>			
Telephone Number <i>(307) 664-2323</i>		Facsimile Number <i>(307) 664-2245</i>	
Quarter/Quarter <i>NW</i>	Section <i>31</i>	Township <i>58N</i>	Range <i>97W</i>
Latitude (decimal degrees to 5 decimal places) ① <i>44.96762</i> ② <i>44.96768</i>		Longitude (decimal degrees to 5 decimal places) ① <i>-108.61236</i> ② <i>108.61173</i>	
Receiving Water Description (in the event of facility discharge, where would the discharge go?) <i>SAGE CREEK</i>			

F. POPULATION OF MUNICIPAL ENTITIES SERVED BY THIS FACILITY (including unincorporated connector districts)	
Name of Municipal Entity #1 TOWN OF FRANNIE	Name of Municipal Entity #2
Population 157	Population
Mailing Address P.O. BOX 72	Mailing Address
City, State, and Zip Code FRANNIE, WY. 82423	City, State, and Zip Code
Is collection system (check one): A separate sanitary system <input checked="" type="checkbox"/> or A combined storm and sanitary system <input type="checkbox"/> ?	Is collection system (check one): A separate sanitary system <input type="checkbox"/> or A combined storm and sanitary system <input type="checkbox"/> ?
Is collection system (check one): Owned <input checked="" type="checkbox"/> or maintained <input checked="" type="checkbox"/> by the municipal entity?	Is collection system (check one): Owned <input type="checkbox"/> or maintained <input type="checkbox"/> by the municipal entity?

(Additional pages may be added as necessary)

G. FLOW RATE: for the past three years provide (in MGD):

The facility's design flow rate (the wastewater flow rate that the plant was built to handle):

.025

The facility's annual average daily flow rate:

The facility's maximum daily flow rate:

H. OUTFALL INFORMATION: Provide the following information for each outfall:

Outfall Information									
Discharge Point Number #	Immediate Receiving Stream	Main stem (nearest perennial stream)	Distance from outfall to main stem (stream miles)	Quarter/Quarter	Section	Township	Range	Latitude (decimal degree format, accuracy to nearest 5 seconds)	Longitude (decimal degree format, accuracy to nearest 5 seconds)
001	Sage Creek	Sage Creek	0	NW	31	58N	97W	44.96762	108.61236
002	Sage Creek	Sage Creek	0	NW	31	58N	97W	44.96768	108.61173
003									

(Additional pages may be added as necessary)

**FOR ALL MINOR AND MAJOR FACILITIES WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD
Please Complete the Following**

I. What is the current average daily volume of inflow and infiltration in gallons per day?

What steps are being taken to minimize inflow and infiltration?

- J. PLEASE PROVIDE A TOPOGRAPHIC MAP** (or other map if a topographic map is unavailable) extending one mile beyond the property boundaries of the treatment plant, depicting the facility and each of it's:
1. Intake and discharge structures
 2. Hazardous waste treatment storage or disposal facilities
 3. Wells where fluids from the facility are injected underground
 4. Wells, springs, drinking water wells and any other surface water bodies that are listed in public records or otherwise known to the applicant in the map area.
 5. Sewage sludge management facilities, including on-site treatment, storage, and disposal sites.
 6. Location(s) at which waste classified as hazardous under RCRA enters the treatment plant by truck, rail or dedicated pipe.
- K. PLEASE PROVIDE A DIAGRAM** showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also, provide a narrative description of the diagram.
- L. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH OUTFALL, INCLUDING BYPASS POINTS, THROUGH WHICH EFFLUENT IS DISCHARGED, AS APPLICABLE:**
1. Outfall number
 2. Average daily flow rate, in million gallons per day
 3. Provide the following information for each outfall with a seasonal or periodic discharge:
 - a. Number of times per year the discharge occurs
 - b. Duration of each discharge
 - c. Flow of each discharge
 - d. Months in which discharge occurs
 - e. Is the outfall equipped with a diffuser? If so, what type of diffuser is being used (e.g., high-rate)
- M. DOES THE FACILITY RECEIVE WASTES ASSOCIATED WITH:**
1. The Resource Conservation and Recovery Act (RCRA)?
NO
 2. The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)?
NO
 3. The Corrective Action Wastes (RCRA), or wastes generated at another type of cleanup or remediation site?
NO
- If you've answered yes to any of the above questions (1-3), then additional information will be requested.

(Additional pages may be added as necessary)

N. PLEASE PROVIDE THE NAME, MAILING ADDRESSES AND TELEPHONE NUMBERS of all landowners where outfalls will be located, if property owner is other than applicant	
Landowner Name #1	Landowner Name #2
Mailing Address	Mailing Address
City, State, and Zip Code	City, State, and Zip Code
Telephone Number	Telephone Number

(Additional pages may be added as necessary)

O. REPRESENTATIVE WATER QUALITY ANALYSIS FOR ALL APPLICANTS: all applicants must provide the results of a water analyses for a sample collected from this facility or a location representative of the quality of water being proposed for discharge for the parameters listed below, in table 1. The analyses must be conducted in accordance with approved EPA test procedures (40 CFR Part 136). Include a signed copy of your lab report that includes the following:

- Detection limits
- Results of each of the chemical parameters at the units given below
- Date of sample collection
- Date of analysis for each parameter
- Detection limit for each parameter as achieved by the laboratory.

P. REPRESENTATIVE WATER QUALITY ANALYSIS FOR FACILITIES WITH A DESIGN CAPACITY OF 1.0 MGD OR MORE OR FACILITIES THAT HAVE AN APPROVED PRETREATMENT PROGRAM: all applicants with facilities with a design capacity of 1.0 MGD or more or facilities with an approved pretreatment program must also provide the results of a water analyses for a sample collected from this facility or a location representative of the quality of water being proposed for discharge for the parameters listed below, in table 2. The analyses must be conducted in accordance with approved EPA test procedures (40 CFR Part 136). Include a signed copy of your lab report that includes the following:

- Detection limits
- Results of each of the chemical parameters at the units given below
- Date of sample collection
- Date of analysis for each parameter
- Detection limit for each parameter as achieved by the laboratory.

Table 1

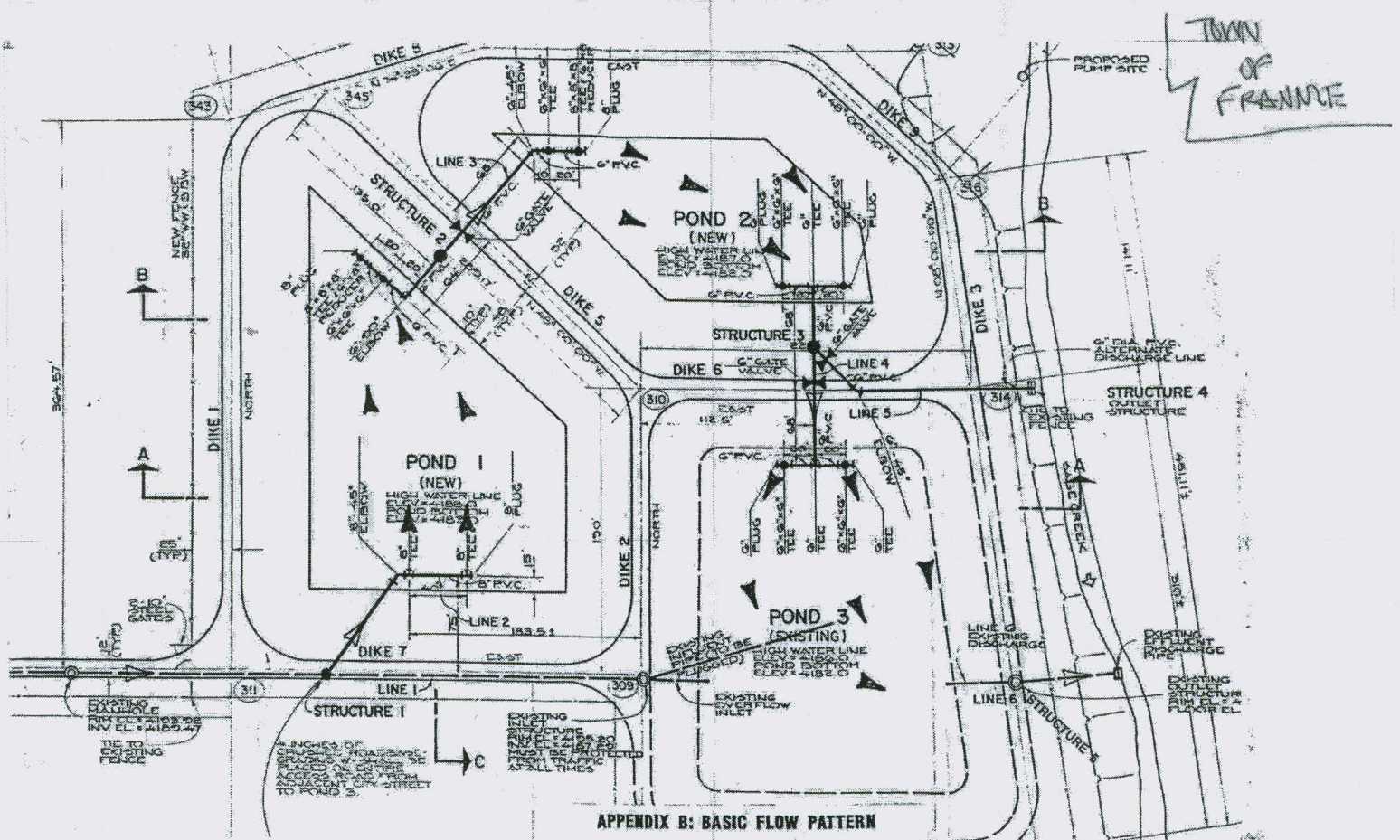
Parameter	Units	Reporting limit or Practical Quantitation Limits	Test Results
Biological Oxygen Demand (BOD or CBOD)	mg/L	5.0	
E. coli	colonies per 100 mls.	1 colony forming unit per 100 mls.	
pH	Standard Units (s.u.)	0.01 pH units (s.u.)	
Temperature	Degrees Celsius	0.1 degree	
Total Suspended Solids	mg/L	10.0	
Ammonia (as N)	mg/L	0.1	
Chlorine (Total Residual) (only if used in the treatment process)	mg/L	0.1	
Dissolved Oxygen	mg/L	0.1	
Nitrate/Nitrite	mg/L	0.1	
Kjeldahl Nitrogen	mg/L	0.1	
Oil and Grease	mg/L	5.0	
Phosphorus	mg/L	0.1	
Total Dissolved Solids	mg/L	10.0	

Table 2

<i>Metals (total recoverable), cyanide and total phenols</i>	2-chloroethylvinyl ether	4,6-dinitro-o-cresol	Chrysene	N-nitrosodiphenylamine
Antimony Required Detection limit (1 µg/l)	Chloroform	2,4-dinitrophenol	Di-n-butyl phthalate	Phenanthrene
Arsenic Required Detection limit (1 µg/l)	Dichlorobromomethane	2-nitrophenol	Di-n-octyl phthalate	Pyrene
Beryllium Required Detection limit (.001 µg/l)	1,1-dichloroethane	4-nitrophenol	Dibenzo(a,h)anthracene	1,2,4,-trichlorobenzene
Cadmium Required Detection limit (5 µg/l)	1,2-dichloroethane	Pentachlorophenol	1,2-dichlorobenzene	
Chromium Required Detection limit (10 µg/l)	Trans-1,2-dichloroethylene	Phenol	1,3-dichlorobenzene	
Copper Required Detection limit (10 µg/l)	1,1-dichloroethylene	2,4,6-trichlorophenol	1,4-dichlorobenzene	
Lead Required Detection limit (2 µg/l)	1,2-dichloropropane	<i>Base-neutral compounds</i>	3,3-dichlorobenzidine	
Mercury Required Detection limit (1 µg/l)	1,3-dichloropropylene	Acenaphthene	Diethyl phthalate	
Nickel Required Detection limit (10 µg/l)	Ethylbenzene	Acenaphthylene	Dimethyl phthalate	
Selenium Required Detection limit (5 µg/l)	Methyl bromide	Anthracene	2,4-dinitrotoluene	
Silver Required Detection limit (3 µg/l)	Methyl chloride	Benzidine	2,6-dinitrotoluene	
Thallium Required Detection limit (0.1 µg/l)	Methylene chloride	Benzo(a)anthracene	1,2-diphenylhydrazine	
Zinc Required Detection limit (50 µg/l)	1,1,2,2-tetrachloroethane	Benzo(a)pyrene	Fluoranthene	
Cyanide	Tetrachloroethylene	3,4 benzofluoranthene	Fluorene	
Total phenolic compounds	Toluene	Benzo(ghi)perylene	Hexachlorobenzene	
<i>Volatile organic compounds</i>	1,1,1-trichloroethane	Benzo(k)fluoranthene	Hexachlorobutadiene	
Acrolein	1,1,2-trichloroethane	Bis (2-chloroethoxy) methane	Hexachlorocyclo-pentadiene	
Acrylonitrile	Trichloroethylene	Bis (2-chloroethyl) ether	Hexachloroethane	
Benzene	Vinyl chloride	Bis (2-chloroisopropyl) ether	Indeno(1,2,3-cd)pyrene	
Bromoform	<i>Acid-extractable compounds</i>	Bis (2-ethylhexyl) phthalate	Isophorone	
Carbon tetrachloride	P-chloro-m-creso	4-bromophenyl phenyl ether	Naphthalene	
Chlorobenzene	2-chlorophenol	Butyl benzyl phthalate	Nitrobenzene	
Chlorodibromomethane	2,4-dichlorophenol	2-chloronaphthalene	N-nitrosodi-n-propylamine	
Chloroethane	2,4-dimethylphenol	4-chlorophenyl phenyl ether	N-nitrosodimethylamine	

U. AUTHORIZED SIGNATURE

<i>Authorized signatories for this application are the following:</i>	
<i>For corporations:</i>	<i>A principal executive officer of at least the level of vice president, or the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the overall operation of the facility from which the discharge originates.</i>
<i>For partnerships:</i>	<i>A general partner.</i>
<i>For a sole proprietorship:</i>	<i>The proprietor.</i>
<i>For a municipal, state, federal or other public facility:</i>	<i>Either a principal executive officer or ranking elected official.</i>





Marcia Porter <marcia.porter@wyo.gov>

WY0020052

1 message

Marcia Porter <marcia.porter@wyo.gov>

Thu, Nov 20, 2014 at 2:15 PM

To: frannietown@tctwest.net, unclavanceiron@gmail.com

Dear Applicant,

Thank you for submitting a WYPDES permit application. The application has been received by the WYPDES Program and reviewed by a member of the permit writing staff. Based on this review, your application has been determined to be **TECHNICALLY ADEQUATE** and no further information is needed at this time. Please refer to the following table for information about the public notice date for this permit. E-mail addresses and other contact information for all permit writers are included at the end of this message. If you have any questions about this review, please contact (by e-mail) the permit writer who reviewed your application. Please be sure to include the WYPDES permit number, shown below, in all correspondence regarding this application.

WYPDES PERMIT APPLICATION REVIEW—Technically Adequate Determination	
WYPDES Permit Number	WY0020052
Application Type	Renewal
Name of Applicant	Marcia Porter
Date Application Received	9/10/14
Date Application Reviewed	11/19/14
Permit Writer Who Reviewed Application	Marcia Porter
Application Status Determination	Technically Adequate
<u>Estimated</u> Public Notice Date	December, 2014
Additional Comments	<p>The Public Notice document, including a draft of the proposed permit can be found at the following website once the permit renewal is advertised in public notice:</p> <p>http://deq.state.wy.us/wqd/events/index.asp</p> <p>From the link above scroll down the page until you come to a series of small boxes. Select the box with the December 15, 2014 to January 15, 2015 dates in it. Scroll down the public notice until you find the Towns's name and click on "draft permit." Please review the draft permit while it is still in public notice.</p> <p><u>PLEASE NOTE: The draft permit will not be available on line until the actual day the public notice begins, or shortly thereafter.</u></p>

WYPDES Permit Writer Contact Information:

Permit Writer	E-mail Address	Phone Number
Michelle Hinz	michelle.hinz@wyo.gov	307-777-6549
Roland Peterson	roland.peterson@wyo.gov	307-777-7090
Jason Thomas	jason.thomas@wyo.gov	307-777-5504
Marcia Porter	marcia.porter@wyo.gov	307-777-6081
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Marcia Porter
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